1340175

OMB APPROVAL

3235-0076

OMB Number:

FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

Expires: August 31,2008
Estimated average burden
hours per response.....16.00

SALE OF SECURITIES

SEC USE ONLY
Prefix Serial



Name of Offering (check if this is an amendment and	name has changed, and indicate change.)	_
Red Rock Capital Fund, L.P.		, SEC
Filing Under (Check box(es) that apply):	Rule 505 Rule 506 Section 4(6)	ULOE Mail Processing Section
A	. BASIC IDENTIFICATION DATA	AUG N.R.200A
1. Enter the information requested about the issuer		
Name of Issuer (check if this is an amendment and na	me has changed, and indicate change.)	Weehington, DC
Red Rock Capital Fund, L.P.		101
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
12162 Hickory Park Circle, Riverton, UT, 84096		801-254-6318
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		
Commodity Pool		
	ership, already formed other (pership, to be formed	please specify): PROCESSED
Actual or Estimated Date of Incorporation or Organization:	Month Year □ [6] □ [3] ☑ Actual □ Estir	AUG 1 1 2008
Jurisdiction of Incorporation or Organization: (Enter two-le		
CN for Car	nada; FN for other foreign jurisdiction)	THOMSON REUTERS

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

			A. BASIC ID	<u>entii</u>	FICATION DATA				
2. Enter the information re	equested for the fo	llowin	ıg:						
• Each promoter of	the issuer, if the is	suer h	as been organized w	vithin t	the past five years;				,
 Each beneficial ow 	ner having the pow	ver to v	vote or dispose, or di	rect th	e vote or disposition	of, 10	% or more o	of a clas	s of equity securities of the issuer.
• Each executive off	ficer and director o	f corp	orate issuers and of	согро	rate general and mai	naging	partners o	f partne	rship issuers; and
• Each general and a	managing partner o	f part	nership issuers.						
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director	Ø	General and/or Managing Partner
Full Name (Last name first, i	if individual)			ı.	·	·			. ,
Red Rock Capital Manag				• •		i i.			•,
Business or Residence Addre 12162 Hickory Park Circ			-	ode)	राष्ट्रा, क्रा.	•			
Check Box(es) that Apply:	Promoter		Beneficial Owner	V	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i Hoffman, Scott Thomas	f individual)		-					• ,	•
Business or Residence Addre 2162 Hickory Park Circle				ode)			.,		
Check Box(es) that Apply:	Promoter		Beneficial Owner				Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)					•	. ,		· · · · · · · · · · · · · · · · · · ·
Business or Residence Addre	ss (Number and	Street	t, City, State, Zip Co	ode)			:		
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ss (Number and	Street	t, City, State, Zip Co	odc)					
						_			
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)	,		i				•	
Business or Residence Addre	ss (Number and	Street	t, City, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ess (Number and	Street	t, City, State, Zip Co	ode)			;	•	
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director	. 🗆	General and/or Managing Partner
Full Name (Last name first, i	f individual)				. •				
Business or Residence Addre	ess (Number and	Street	t, City, State, Zip Co	ode)		,			,
	/I Inc. blo			4.41.1					

					B. 11	NFORMAT	ION ABO	UT OFFERI	NG				
1.	Has the	issuer sold	l, or does th					investors in				Yes X i	No
2.	Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual?							\$_25,000.00					
3.	Does th	e offering	nermit ioin	t ownershi	n ef a sine	le unit?						Yes ⊠	No □
4.	Enter the commission of the co	ne informatesion or sime son to be lists, list the na	ion request ilar remune ted is an ass ame of the b	ed for eac ration for s sociated pe roker or de	h person volicitation erson or age ealer. If me	who has been of purchase of a brokent of a brokent of a brokent five	en or will ers in conr cer or deal e (5) perso	be paid or prection with er registered ons to be list dealer only	given, dire sales of sec d with the S cd are asso	ctly or ind curities in t EC and/or	irectly, any he offering. with a state		
Ful			first, if ind						9		<i>*</i>		
Bus	siness or	Residence	Address (N	lumber and	Street C	ity State 2	in Code)	·					
Dus	3111633 01	Residence	Addiess (1	umber and	i bireet, O	ity, State, 2	orp code,						
Nar	ne of As	sociated Br	oker or De	aler							·		
Stat	tes in Wi	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchaser	'S					
	(Check	"All States	" or check	individual	States)							☐ Al	l States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	l Name (Last name	first, if ind	ividual)	1	, 4 (2)		t Herair	ta '				
Bus	siness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)		· . <u>-</u>				
Nar	me of As	sociated Br	oker or De	aler			· .,',	ige super					-
Stat	tes in Wh	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchaser						
	(Check	"All States	or check	individual	States)	.Hk				***************************************		□ A:	l States
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY - NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ,ND ,WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	l Name (first, if ind	ividual)		M	. '		•				
Bus	siness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code))				•	
Nar	me of As	sociated Br	oker or De	aler				:-	of test	Co. I	;		
Sta	tes in Wi	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchaser	'S	• •-	•			
	(Check	"All States	" or check	individual	States)			9 · 1,.				□ Al	I States
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA ON OK WI	HI MS OR WY	MO PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sum \) and indicate in the columns below the amounts of the securities offered for exchange and	ς	
	already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	\$ <u> </u>	s
	Equity		\$
	Common Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	<u>\$_1,000,000.00</u>	\$ 273,000.00
	Other (Specify)	\$	<u>\$</u>
	Total	\$ _1,000,000.00	\$ 273,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	r	Aggregate
	·	Number Investors	Dollar Amount of Purchases
	Accredited Investors		\$
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)	14	\$_273,000.00
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504	partnership int	\$_0.00
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	•	() () () () () () () () () ()
	Transfer Agent's Fees		\$_0.00
	Printing and Engraving Costs		\$ 0.00
	Legal Fees	n	\$ 0.00
	Accounting Fees	_	\$ 0.00
	Engineering Fees		§ 0.00
	Sales Commissions (specify finders' fees separately)	_	\$ 0.00
	Other Expenses (identify)		\$_0.00
	Total		\$_0.00
		_	

	C. OFFERING PRICE, NUM	DER OF INVESTORS,	EATENGES AND USE OF	IROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	Question 4.a. This diff	erence is the "adjusted gros	S	\$1,000,000.00
5.	Indicate below the amount of the adjusted gross pre each of the purposes shown. If the amount for ar check the box to the left of the estimate. The total o proceeds to the issuer set forth in response to Par	ny purpose is not knov f the payments listed m	vn, furnish an estimate and ust equal the adjusted gros	d s	
				Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees				
	Purchase of real estate	· •		. 🔲 \$. 🗆 \$
	Purchase, rental or leasing and installation of made	chinery			
	and equipment		•	_	
	Construction or leasing of plant buildings and fac		•		. [] \$ <u>·</u>
	Acquisition of other businesses (including the valoffering that may be used in exchange for the ass	fue of securities involves	ved in this		
	issuer pursuant to a merger)	ers of securities of and	лисі 	. 🗆 \$	s
	Repayment of indebtedness			_	
	Working capital			_	
	Other (specify): pool operating expenses				
				<u> </u>	· · · · · · · · · · · · · · · · · · ·
	capital for trading in commodity futures		('a, ('	. 🔲 \$	970,000.00
	Column Totals	and the second	CHREDON, AB	\$ 20,000.00	№ \$ 980,000.00
	Total Payments Listed (column totals added)		es la VII o Principal <u>o III (1866-865)</u> o Roberta II o	☑ \$_1,	00.000,000
		D. FEDERAL SIG			
sign the	issuer has duly caused this notice to be signed by the lature constitutes an undertaking by the issuer to fu information furnished by the issuer to any non-acc	rnish to the U.S. Secur credited investor pursu	ities and Exchange Comm	ission, upon writte Rule 502.	ile 505, the followin on request of its staff
	er (Print or Type)	Signature		Date / A C	00
	d Rock Capital Fund, L.P.	(K) CO CO		1 (12710	0
	nc of Signer (Print or Type)	Title of Signer (Prin			
)co	tt Hoffman	President of G.P.			
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			a de la companya de l	,	
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- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)